

UNIFIED PROGRAM REPORT 6 (Side One)
SEMI-ANNUAL UNDERGROUND STORAGE TANK (UST) PROGRAM REPORT
27 CCR §15290 and 23 CCR § 2713

AGENCY CODE	REPORT FOR (Reporting Period, Year)
AGENCY NAME	
ADDRESS	
CITY, STATE, ZIP	
PERSON COMPLETING FORM	
PHONE NUMBER	
EMAIL ADDRESS	

STATUS OR ACTIVITY	Column A (1) Total number as of previous reporting period	Column B Number of new facilities or systems this reporting period	Column C Number of facilities or systems permanently closed this reporting period
1. Regulated facilities with UST systems			
2. Active Petroleum UST systems			
3. Active Non-petroleum UST systems			
		Total number this reporting period	
4. UST facility inspections			
a. Facilities in compliance with release detection requirements only			
b. Facilities in compliance with release prevention requirements only			
c. Facilities in compliance with both release detection and release prevention requirements			
d. Facilities with one or more violations of both release detection and release prevention requirements			

1. If you have any corrections to numbers in Column A, please explain here: ±

{i.e. Item 1: -2 [2 facilities closed]}

RED TAG ☐ There were no Red Tags issued during this reporting period.

To Report Red Tag information – please use other side of this form or use Side Two of this form if responding electronically.

UNIFIED PROGRAM REPORT 6 (Side Two)

AGENCY CODE	REPORT FOR (Reporting Period, Year)
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5. Number of red tags issued for significant violations				
Specific information regarding red tags issued. Please insert below the requested information for each facility receiving a red tag this reporting period. (Please note: the Name entry cell below will wrap text so just use commas between name, street, etc, do not hit enter)				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				

2. SIGNIFICANT VIOLATION NUMBER ENTERED IS FOR REASON BELOW

1. liquid release 2. impair leak detection 3. chronic/recalcitrant owner/operator

Red Tag Information Contact Person (if different from person completing form on Side One)

Name, phone number, and email address